



(Check all that apply.)

Change purpose(s) of use

### STATE OF WASHINGTON

# APPLICATION FOR CHANGE/TRANSFER **OF WATER RIGHT**

For filing with Ecology or with County Conservancy Boards



FOR OFFICE USE ONLY

## A MINIMUM FEE OF \$10.00 PAYABLE TO ECOLOGY MUST ACCOMPANY THIS

Change purpose(s) of use Add purpose(s) of use Change point(s) of diversion/withdrawal Add point(s) of diversion/withdrawal Change/transfer place of use Other (i.e. consolidation, intertie, trust water)  Explain:	CHANGE No. CSY-02 389 GROW WRIA 37  DATE ACCEPTED O 6 27 105 BY  FEE \$ 10 PREC'D 11 16 104  CHECK No. 4225  SEPA:   Exempt  Not exempt				
**IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL  1. Applicant Information:	. SHEETS (PLEASE PRINT OR	TYPE CLEARLY)**			
APPLICANT/BUSINESS NAME	PHONE NO.	FAX NO.			
APPLICANT/BUSINESS NAME VAKIMA AIR TEVMINAL	(509) 575614	(509) 575 6185			
ADDRESS 2400 W. WASL AVE					
CITY ya Kina wa	STATE	ZIP CODE 98903			
	T	1134			
CONTACT NAME (IF DIFFERENT FROM ABOVE)  GEORGE MAYSHALL	PHONE NO. ( ) 249-0226	FAX NO.			
ADDRESS P.O. BOX 563					
CITY YAKIMA	STATE WA	ZIP CODE 98907-			
2 Mateu Dimbt Information		0563			
2. Water Right Information:  WATER RIGHT OR CLAIM NUMBER A Cheph 1 109  RECOR	RDED NAME(S)				
DO YOU OWN THE RIGHT TO BE CHANGED? YES NO		•			
IF NO, PROVIDE OWNER(S) NAME:		9			
HAS THE WATER BEEN PUT TO BENEFICIAL USE IN THE LAST FIVE (5) YI	EARS? YES NO				
Please attach copies of any documentation that demonstra was established. Also, if you have a water system plan or application.					
FOR OFFICE USE	ONLY				
APP. NO PERMIT NO CERT. NO		IGE NO			
		OURT CLAIM 02398 06-30-1868 Decot 50023 AHTANUM			
054-0239807	706	myset			

#### 3. Point(s) of Diversion/Withdrawal: SOURCE NO. SEC TWP. RGE. PARCEL# **WELL TAG#** Bachelor Creek 38 NW 12 18

SOURCE	NO.	1/4	1/4	SEC.	TWP.	RGE.	PARCEL#	WELL TAG #
Bachelox Creek	1	NM	NE	3	12	18	1300)	

PROPOSED: ☐ YES NO - IF NO, PROVIDE OWNER(S) NAME: EXISTING: ☐ YES ☐ NO

Please include copies of all water well reports involved with this proposal. Also, if you know the distances from the nearest section corner to the above point(s) of diversion/withdrawal, please include that information in Item No. 6 (remarks) or as an attachment.

# 4. Purpose of Use:

Fristing

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
Irrightan	0.10		April- July
			7

B. Proposed

PURPOSE OF USE	GPM or CFS	ACRE-FT/YR	PERIOD OF USE
BAMe			
AKYN C			

### 5. Place of Use:

A. Existing LEGAL DESCRIPTION OF LANDS WHERE WATER IS PRESENTLY USED:

1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACR
		3	12	18	VARIMA	12003	1.0

B Proposed

SI	ame				ANDS WHERE NEW USE I		
1/4	1/4	SEC.	TWP.	RGE.	COUNTY	PARCEL#	# OF ACRES
O YOU C	WN ALL TH	E LANDS IN	THE PROPO	SED PLACE OF	USE?   YES   NO	– IF NO, PROVIDE OWNER	(S) NAME:

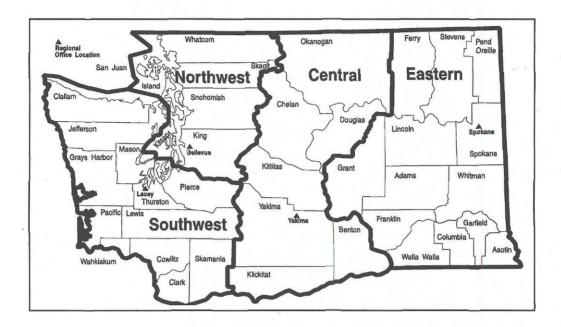
Attach a detailed map of your proposed changeltransfer. The map should show existing and proposed point(s) of diversion/withdrawal, place of use and any other features involved with this application. If platted property, please include a certified copy of the plat map. Are there any ADDITIONAL WATER rights OR CLAIMS RELATED to the same property as the ONE PROPOSED FOR CHANGE/TRANSFER? ☐ YES ☐ NO - IF YES, PROVIDE THE WATER RIGHT/CLAIM NUMBER(S): 6. Remarks and Other Relevant Information: IF FOR SEASONAL OR TEMPORARY, START DATE \_\_\_ \_ END DATE \_\_ Certain applications may incur a Real Estate Excise Tax liability for the seller of the water rights. The Department of Revenue has requested notification of potential taxable water right related actions and therefore may be provided with a copy of this request. Please contact the State Department of Revenue for further information. The phone number is: (360) 570-3265. The address is: Department of Revenue, Real Estate Excise Tax, PO Box 47477, Olympia, WA 98504-7477 7. Signatures: I certify that the information above is true and accurate to the best of my knowledge. I understand that in order to process my application, I am hereby granting staff from the Department of Ecology or the County Conservancy Board access to the above site(s) for inspection and monitoring purposes. If assisted in the preparation of the above application, I understand that all responsibility for the accuracy of the information rests with me. (Water Right Holder) (Date) (Land Owner(s) of Existing Place of Use)

IMPORTANT! APPLICATION FILING INFORMATION IS PROVIDED ON THE NEXT PAGE.

WE ARE RETURNING YOUR APPLICATION	N FOR THE FOLLOWING REASON(S):
☐ APPLICATION FEE NOT ENCLOSED	☐ MAP NOT INCLUDED or INCOMPLETE
☐ ADDITIONAL SIGNATURES REQUIRED	□ SECTION IS INCOMPLETE
OTHER/EXPLANATION:	
STAFF:	DATE:II

### IMPORTANT!

Submit your application to Ecology at the regional office for the area of proposed or existing water use or at a Conservancy Board with jurisdiction. Below is a map of the State of Washington, with outlines of the four Ecology regional offices. If you have questions about your application or whether a County Conservancy Board with jurisdiction exists, contact the Water Resources program at the regional office in which your project is located.



Department of Ecology Central Regional Office 15 W. Yakima Avenue, Suite 200 Yakima, WA 98902 Telephone: (509) 575-2490

Department of Ecology Northwest Regional Office 3190 – 160<sup>th</sup> Avenue SE Bellevue, WA 98008-5452 Telephone: (425) 649-7000 Department of Ecology Eastern Regional Office N. 4601 Monroe Spokane, WA 99205-1295 Telephone: (509) 329-3400

Department of Ecology Southwest Regional Office PO Box 47775 Olympia, WA 98504-7775 Telephone: (360) 407-6300

If you would like this document in an alternate format, please call the Water Resources Program at (360) 407-6600 or TTY (for the speech or hearing impaired) at 711 or 1-800-833-6388.